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Mike Huckabee
Governor



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DRUG DIRECTOR'S OFFICE**

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Congressional Testimony

Statement by:

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Before the:

House Committee on Government Reform Subcommittee on Criminal Justice, Drug Policy and Human Resources - "Ice in the Ozarks: The Methamphetamine Epidemic in Arkansas"

Date:

June 28, 2004

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Mr. Chairman Souder, as the chief policy advisor to Governor Mike Huckabee concerning drug abuse treatment, prevention, and law enforcement, I want to thank you on behalf of the Governor and the people of the State of Arkansas for giving me the opportunity to appear before you today to discuss the problem of methamphetamine in Arkansas.

In addition to serving as the Governor's policy advisor, I have certain statutory duties related to multi-jurisdictional drug task forces (DTFs) and enforcement of the forfeiture laws. I also serve as Chairman of the Arkansas Alcohol and Drug Abuse Coordinating Council, a statutorily created body tasked with the responsibility for overseeing all planning, budgeting, and implementation of expenditures of state and federal funds allocated for alcohol and drug education, prevention, treatment, and law enforcement.

I would like to first acknowledge the remarks presented to this committee on February 6, 2004, by Mr. Scott Burns, Deputy Director for State and Local Affairs of the White House Office of National Drug Control Policy and the testimony presented on July 12, 2001, by Mr. Joseph D. Keefe, Chief of Operations Drug Enforcement Administration. Both of these gentlemen have set out the problems of methamphetamine and the devastating consequences of its use and manufacture. I shall attempt to not duplicate their efforts.

My testimony today shall be in two parts. First, I shall discuss the methamphetamine situation as it currently exists in Arkansas and particularly in the Ozark region of the state. Second, I shall offer some recommendations on ways the Federal Government may help in addressing these problems.

CURRENT SITUATION

DATA AND DEMOGRAPHICS

Methamphetamine has become the number one problem of drug abuse in the State of Arkansas. It is an epidemic in the Ozarks of north and west Arkansas and a serious crisis in the rest of the state. From January 1, 2003 through March 31, 2004, the State Crime Lab reported 1,519 clandestine methamphetamine labs in the state. From July 1, 2003 through March 31, 2004, the DTFs alone reported 792 methamphetamine labs, made 2,076 methamphetamine arrests, and confiscated 273 pounds of finished methamphetamine product. During 2003 and the first quarter of 2004, the Arkansas State Police were involved in the seizure 272 methamphetamine labs. In addition, the sheriffs' offices and police agencies across the state have been overwhelmed with the methamphetamine problem. The Drug Enforcement Administration and other federal and state agencies have also been very active in attempting to stop this epidemic.

The extent of the growth of this problem can best be illustrated by the data reported to the State from publicly funded treatment centers in Arkansas. According to the data, from 1992 through 2003, the methamphetamine abuse admissions grew by over one thousand one hundred percent (1,100%). At the current rate of admissions methamphetamine has passed marijuana and is second only to alcohol in admissions for treatment.

Methamphetamine is a cultural and geographic problem. The 2000 census shows Arkansas with a population of 2,673,400. Of the total population 80% were white, 15% African-American or black, 3.5% Hispanic, and the rest various other minority groups. Of the people admitted for methamphetamine problems, 97% are white - 60% are male - they range in ages from 12 to 65. Seventy-five (75%) of males and 71% of females are between 18 and 45 years of age. The Third Congressional District which includes the Ozark Region has a population that is 90.8% white, 5.8% Hispanic, 1.8% African-American or black, 1.3% American Indian, 1.3% Asian, and the balance other minority groups.

LAWS AND LAW ENFORCEMENT

In an attempt to address the manufacturing problem of methamphetamine, the legislature has passed a number of acts that have been codified. Arkansas Code Annotated section 5-64-1101 provides for penalties for possession of various amounts of ephedrine or pseudoephedrine for certain purposes and provides that possession of certain amounts shall be prima facie evidence of the intent to manufacture methamphetamine. Section 5-64-1102 provides felony penalties for anyone possessing ephedrine or pseudoephedrine with intent to manufacture methamphetamine. Section 5-64-1103 provides guidelines for retailers in selling products containing ephedrine or pseudoephedrine including a

prohibition on the sale of more than three (3) packages of product in which one (1) package contains more than Ninety-six (96) pills, tablets, gelcaps, capsules, or other individual units or more than three (3) grams of the substances. In addition section 16-93-611 makes manufacturing methamphetamine or possession of drug paraphernalia with the intent to manufacture methamphetamine a Class Y felony (punishable by a sentence of 10 to 40 years or life imprisonment) and provides that the sentence shall not, except as provided in subsection (b), which deals with juveniles, be eligible for parole or community punishment transfer until the person serves seventy percent (70%) of the term of imprisonment to which the person is sentenced.

Even though Arkansas has passed a number of criminal laws during the past seven or eight years attempting to stem the tide of the methamphetamine problem, the 1,100% increase in admissions for treatment has occurred simultaneously. Although I do not have current statistics on the number of criminal cases and inmates who have been prosecuted and sentenced for meth violations, I know that many judges and prosecutors in Arkansas are wrestling with this problem. Likewise, the Department of Corrections and the Department of Community Corrections are both being forced to cope with the methamphetamine epidemic and the other crimes it spawns, such as robbery, burglary, assault, battery, forgery, and hot checks. The tremendous rise in violent domestic battery can be directly attributed to the use of methamphetamine.

Arkansas has nineteen (19) multi-jurisdictional drug task forces (DTFs) operating in various locations around the state. Each DTF works with numerous law enforcement agencies in their areas. The DTFs are funded by federal, state, and local revenues, and even though each DTF has a local governing board, the Drug Director's office and the Office of Intergovernmental Services in the State Department of Finance and Administration closely monitors them. These agencies assist and work closely with officers from other law enforcement agencies. Recently these forces have spent a great deal of time and energy in methamphetamine arrests, seizures and clandestine lab work. Pulaski County and the City of Little Rock, being the largest metropolitan area in the state do not participate in the DTF but have numerous agencies spending a great deal of time on working the methamphetamine problem. The methamphetamine problem has become the biggest crime problem for a number of law enforcement agencies.

IMPLEMENTATION AND RESULTS

Having previously served as a deputy prosecuting attorney and as a circuit judge, I can personally attest to the human devastation this drug has caused. Most juvenile judges will tell you that an increasing number of minor children are appearing in their courts having been taken from homes in which methamphetamine is being manufactured. These children are taken into the care of the Department of Human Services and then brought before the Juvenile Court for either Families In Need of Services (FINS) action or neglect.

The long-term effects of methamphetamine use will invariably begin to be seen in the nursing homes of the state, which will lead to an increase in the costs of the Medicaid program.

In addition to the human costs in terms of lives lost and money spent on law enforcement and treatment, the environmental costs in cleaning up the clandestine labs and the damage to the environment caused by the manufacture of methamphetamine is becoming a significant problem.

Act 1270 of 2003 mandated the promulgation of guidelines for the cleanup of clandestine methamphetamine laboratories by the Arkansas Department of Health. With the help of the Drug Director's Office, members of DTFs and others, the Department of Health published the guidelines on March 28, 2004. These guidelines have been made available to law enforcement agencies, other government officials and the general public. The ongoing cleanup problem is a very costly part of fighting the war on methamphetamine.

Along with members of the Drug Director's Office and personnel from other state agencies, I have been working to devise methods to increase the efficiency and lower the costs of training and certifying officers as clandestine laboratory officers and site-safety officers.

TREATMENT

Arkansas has both public and private funded treatment centers for substance abuse. These are both residential and outpatient. The publicly funded facilities are primarily based on a protocol of treatment for alcohol and other illicit drugs that respond to short-term treatment. It has been determined that methamphetamine addiction requires a very structured long-term treatment program. The non-profit publicly funded facilities are doing a decent job with the assets they have and are developing a protocol for services for women with children and expectant mothers. Methamphetamine use has significantly increased the number of women in need of drug treatment services.

Because of the ability to keep drug addicts for longer periods of time (often a year or more), the Department of Community Corrections regional correction facilities are doing a good job of treatment. However the number and spaces are very limited.

Arkansas has some recovery support services in the private sector such as faith-based and community-based organizations. However there are not sufficient numbers and services to address the problems.

In its ongoing efforts to combat the drug problems, the State has increased the number of drug courts from three (3) four years ago to at least one in each of the 29 judicial districts. The majority of these came about as a result of legislation passed in 2003 and they are just now becoming active.

EDUCATION AND PREVENTION

Arkansas has also focused attention on the need for education and prevention as it relates to the methamphetamine problem. In 2002, the State of Arkansas hosted the Governors Conference on Methamphetamine at Camp Robinson. Over 300 federal, state, and local officials as well as numerous concerned lay people attended this conference. Those in attendance included the Governor, a US Senator, Congressional representation, the administrator of the DEA, members of the Arkansas legislature, judges, prosecutors, law

enforcement personnel, treatment and prevention providers, members of the clergy and many others. This conference successfully focused attention on this problem.

In July, August, September, and October 2003, the Arkansas Department of Human Services Division of Behavioral Health/Alcohol and Drug Abuse Prevention Office funded regional methamphetamine planning meetings across Arkansas. These meetings were conducted by the Regional Prevention Resource Center Coordinators in collaboration with Prosecuting Attorneys from the various judicial districts in the regions. These regional meetings were a follow up on the statewide meeting hosted by Governor Huckabee the year before. Approximately 980 adults and 650 youths attended these regional meetings across the state.

RECOMMENDATIONS

LAW ENFORCEMENT AND ENVIRONMENT

There is a great need for additional clandestine lab certified officers and site-safety officers across rural Arkansas to ensure the safety of law enforcement officers as well as the safety of communities and citizens.

The federal government is in a position to earmark funds (either through Edward Byrne grant or other sources) to develop a training and certification course of study in Arkansas. This is currently being worked on by the Drug Director's Office and others including DEA, University of Arkansas System, Emergency Management and State Police.

Congress could direct DEA and Homeland Security to help establish and fund a course involving cross training of both law enforcement and emergency personnel for working on clandestine labs and other chemical and toxic emergencies. This could greatly enhance the availability of trained personnel for action in methamphetamine labs and other disasters. Arkansas has the facilities and abilities to develop such a program for use in rural areas across America. This could be very cost effective and a wise use of funds and manpower.

It is recommended that a program be established and funded to test this proposal. My office is prepared to work with Congress and federal and state agencies to develop such a program.

The Arkansas Drug Director and the Arkansas Alcohol and Drug Abuse Coordinating Council are prepared to work toward development of a comprehensive or multi-discipline approach to combating the methamphetamine problem in rural Arkansas. This approach would involve targeting methamphetamine in rural settings with a team of local and state law officers, emergency personnel, DTF officers, treatment specialists, prevention experts, medical personnel and others to confront what is truly an epidemic in certain areas of Arkansas and other rural states.

Congress could help this effort with initial funding and laws allowing technical assistance from various government agencies. My office is prepared to discuss this strategic planning further and to implement it on a limited basis as a pilot project.

TREATMENT AND PREVENTION

Arkansas can be in the forefront of treating the methamphetamine addicted and in the prevention of further abuse of this devastating drug. This can be accomplished through the following potential programs.

Develop a statewide comprehensive prevention program that involves families and their children prior to preschool. The prevention program would promote a healthy life style that would include being free of alcohol, tobacco and illicit drugs. Congress can help by earmarking funds and directing the federal agencies to provide technical assistance in identifying and implementing a prevention program that works. This could involve being a model for the Nation in combating the methamphetamine epidemic.

Develop a long-term substance abuse treatment program for methamphetamine abuse. This program would provide treatment services both residential and outpatient for up to one (1) year with an aftercare program. During the treatment phase the client would be provided with employment counseling and job coaching and would be assisted in finding employment and housing issues would be addressed. Other services that should be provided would include family/martial counseling, childcare and transportation if needed. This program could be implemented through existing providers and could be made a part of the Drug Court system. The Access to Recovery program that the President has initiated could become a very integral part of this long-range approach through the involvement of community and faith based organizations. The Congress can help by increasing the funding for treatment and directing federal agencies to provide technical assistance in the form of treatment protocols that best meet the needs of this group. An increase in funding for Drug Courts could be very instrumental in addressing these needs.

Develop a statewide intervention program for persons arrested on drug related charges and are then being released on bail. Allow the courts to establish as a condition for bail a requirement to attend a drug treatment program prior to trial. Services would include assessment, case management, treatment, addressing vocational and housing issues, and childcare. Many methamphetamine users and manufacturers return to the criminal activity as soon as they are bailed out of jail. This could help address this immediate recidivism problem. Both the state legislature and Congress would need to address this issue. Congress could help with initial funding to establish a method applicable to other states.

CONCLUSION

Arkansas has an epidemic of methamphetamine abuse and manufacture. The needs are great and the resources are limited. Arkansas has consistently ranked in the top ten (10) states in the number of methamphetamine labs and the per capita use of this dangerous drug. Because of the proliferation of so many small clandestine labs in the state, the environmental damage is reaching alarming proportions. These labs are showing up in wooded areas (thus polluting streams), homes with minor children, motel rooms and both rented and owned dwelling houses. The Rural Development Administration of United States Department of Agriculture and the Federal Housing Authority of the United States

Department of Housing and Urban Development have both expressed concern over the liability for properties they receive that have been used to manufacture met amphetamine.

The State of Arkansas recognizes the serious problems posed by methamphetamine manufacture and use and stands ready to attack this problem with new and innovative strategic thinking. With the limited financial resources of the state, the national government through the actions of the Congress can be most helpful in assisting in combating this epidemic as we have others in the past.

I want to thank you again for allowing me the opportunity to address the Subcommittee on this very important topic. If there are any questions, I would be happy to attempt to answer them.